

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 651597

1. Entity Name

MORTGAGE GROUP OF AMERICA, INC.

FILED

02 APR 29 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2300 Coral Way
Suite # 200
Miami, Fl 33145

2300 Coral Way
Suite # 200
Miami, Fl 33145

2. Principal Place of Business
2300 Coral Way

3. Mailing Address
2300 Coral Way

Suite, Apt. #, etc.
Suite # 200

Suite, Apt. #, etc.
Suite # 200

City & State
Miami, Florida

City & State
Miami, Florida

Zip Country
33145 US

Zip Country
33145 US

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

59-1961501

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 Coral Way
Suite 200
Miami, Fl 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

AMADA CANTERA LOPEZ, President

4/26/02

Signature, Word or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Delete
NAME GAVCOVICH, ABRAM
STREET ADDRESS 5220 La Gorce Dr
CITY-ST-ZIP Miami Beach, Fl 33140

TITLE ☐ Change ☐ Addition
NAME 100005452161--1
STREET ADDRESS -05/06/02--01019--017
CITY-ST-ZIP ****150.00 ****150.00

TITLE VPTD ☐ Delete
NAME GAVCOVICH, MARTA
STREET ADDRESS 5220 La Gorce Dr
CITY-ST-ZIP Miami Beach, FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/00)